

To: District Court Judge Paul G. Gardephe
40 Foley Square New York, NY 10007

From: Brandon Green Reg. No. 56400-054
Petitioner / Defendant, Pro Se

Re: In Re: Brandon Green, 21-1902
Date: August 5, 2021

CERTIFICATE OF SERVICE

I, Pro Se defendant Brandon Green served District Court Judge Paul G. Gardephe at 40 Foley Square, New York, NY 10007 on August 6, 2021, the AFFIDAVIT ACCOMPANYING MOTION FOR PERMISSION TO APPEAL IN FORMA PAUPERIS and the MOTION INFORMATION STATEMENT (T-1080) in regards to the case above (21-1902) in the U.S. Court of Appeals for the Second Circuit.

Respectfully Submitted,

Brandon Green 56400054

UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT

Thurgood Marshall U.S. Courthouse 40 Foley Square, New York, NY 10007 Telephone: 212-857-8500

MOTION INFORMATION STATEMENT

Docket Number(s): 21-1902

Caption [use short title]

Motion for: appealing district court judge Paul G. Gardephe's ruling, denying Brandon Green's recusal motion. (See district court case 1:16-cr-00281, dkt. 1024).

Set forth below precise, complete statement of relief sought:
to proceed in forma pauperis, appeal judge Paul G. Gardephe's ruling on the recusal motion, issue an order for the judge to recuse himself and allow for the appointment of another judge to hear the proceedings, and/ or issue any and all other available relief deemed appropriate for remedying these grievances of Mr. Green, to include, but not limited to, issuing an Emergency Stay of the proceedings.

In Re: Brandon Green

MOVING PARTY: Brandon Green (Federal Prisoner: 56400054)

OPPOSING PARTY: United States of America

☐ Plaintiff☐ Defendant☒ Appellant/Petitioner☐ Appellee/Respondent

MOVING ATTORNEY:

OPPOSING ATTORNEY:

[name of attorney, with firm, address, phone number and e-mail]

Court- Judge/ Agency appealed from: Thurgood Marshall, US Courthouse/ District Court Judge Paul G. Gardephe

Please check appropriate boxes:

Has movant notified opposing counsel (required by Local Rule 27.1):

☒ Yes ☐ No (explain):

Opposing counsel's position on motion:

☐ Unopposed ☐ Opposed ☒ Don't Know

Does opposing counsel intend to file a response:

☐ Yes ☐ No ☒ Don't Know

Is oral argument on motion requested?

☒ Yes ☐ No (requests for oral argument will not necessarily be granted)

Has argument date of appeal been set?

☐ Yes ☒ No If yes, enter date:

Signature of Moving Attorney:

Date:

Service by: ☐ CM/ECF ☐ Other [Attach proof of service]

FOR EMERGENCY MOTIONS, MOTIONS FOR STAYS AND INJUNCTIONS PENDING APPEAL:

Has this request for relief been made below?

☒ Yes ☐ No

Has this relief been previously sought in this court?

☐ Yes ☒ No

Requested return date and explanation of emergency:

The petitioner is appealing the district court judge Paul G. Gardephe's ruling denying Brandon Green's request for recusal, affidavit of facts in support of recusal and affidavit of facts in support of reconsideration, and his affidavit of facts in support of IAC claims due to judicial bias that resulted in egregious violations of Mr. Green's constitutional rights.

Mr. Green is requesting a response to this writ within 60 days.

Income source n/a	Average monthly amount during the past 12 months		Amount expected next month	
	You n/a	Spousen/a	You n/a	Spousen/a
Employment	\$n/a	\$n/a	\$n/a	\$n/a
Self-employment	\$n/a	\$n/a	\$n/a	\$n/a
Income from real property (such as rental income)	\$n/a	\$n/a	\$n/a	\$n/a
Interest and dividends	\$n/a	\$n/a	\$n/a	\$n/a
Gifts	\$n/a	\$n/a	\$n/a	\$n/a
Alimony	\$n/a	\$n/a	\$n/a	\$n/a
Child support	\$n/a	\$n/a	\$n/a	\$n/a
Retirement (such as social security, pensions, annuities, insurance)	\$n/a	\$n/a	\$n/a	\$n/a
Disability (such as social security, insurance payments)	\$n/a	\$n/a	\$n/a	\$n/a
Unemployment payments	\$n/a	\$n/a	\$n/a	\$n/a
Public-assistance (such as welfare)	\$n/a	\$n/a	\$n/a	\$n/a
Other (specify): n/a	\$n/a	\$n/a	\$n/a	\$n/a
Total monthly income:	\$n/a	\$n/a	\$n/a	\$n/a

2. *List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)*

Employer	Address	Dates of employment	Gross monthly pay
n/a	n/a	n/a	\$n/a
n/a	n/a	n/a	\$n/a
n/a	n/a	n/a	\$n/a

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
n/a	n/a	n/a	\$n/a
n/a	n/a	n/a	\$n/a
n/a	n/a	n/a	\$n/a

4. How much cash do you and your spouse have? \$n/a

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
n/a	n/a	\$n/a	\$n/a
n/a	n/a	\$n/a	\$n/a
n/a	n/a	\$n/a	\$n/a

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$ n/a	(Value) \$ n/a	(Value) \$ n/a
n/a	n/a	Make and year: n/a
		Model: n/a
		Registration #: n/a

Motor vehicle #2	Other assets	Other assets
(Value) \$ n/a	(Value) \$ n/a	(Value) \$ n/a
Make and year: n/a	n/a	n/a
Model: n/a	n/a	n/a
Registration #: n/a	n/a	n/a

6. *State every person, business, or organization owing you or your spouse money, and the amount owed.*

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
n/a	\$n/a	\$n/a
n/a	\$n/a	\$n/a
n/a	\$n/a	\$n/a
n/a	\$n/a	\$n/a

7. *State the persons who rely on you or your spouse for support.*

Name [or, if under 18, initials only]	Relationship	Age
n/a	n/a	n/a
n/a	n/a	n/a
n/a	n/a	n/a

8. *Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.*

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$n/a	\$n/a
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$n/a	\$n/a
Home maintenance (repairs and upkeep)	\$n/a	\$n/a
Food	\$n/a	\$n/a
Clothing	\$n/a	\$n/a
Laundry and dry-cleaning	\$n/a	\$n/a
Medical and dental expenses	\$n/a	\$n/a
Transportation (not including motor vehicle payments)	\$n/a	\$n/a
Recreation, entertainment, newspapers, magazines, etc.	\$n/a	\$n/a
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$n/a	\$n/a
Life:	\$n/a	\$n/a
Health:	\$n/a	\$n/a
Motor vehicle:	\$n/a	\$n/a
Other:	\$n/a	\$n/a
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$n/a	\$n/a
Installment payments n/a		
Motor Vehicle: n/a	\$n/a	\$n/a
Credit card (name): n/a	\$n/a	\$n/a
Department store (name): n/a	\$n/a	\$n/a
Other: n/a	\$n/a	\$n/a

Alimony, maintenance, and support paid to others	\$ n/a	\$ n/a
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ n/a	\$ n/a
Other (specify):	\$ n/a	\$ n/a
Total monthly expenses:	\$ n/a	\$ n/a

9. *Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?*

☐ Yes ☒ No If yes, describe on an attached sheet.
n/a

10. *Have you spent - or will you be spending - any money for expenses or attorney fees in connection with this lawsuit?* ☐ Yes ☒ No

If yes, how much? \$ n/a

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

I am incarcerated and I have been incarcerated since May 2017. I barely have enough financial resources to sustain myself while incarcerated.

12. *State the city and state of your legal residence*

MDC Brooklyn, Brooklyn NY

Your daytime phone number: n/a

Your age: 38 *Your years of schooling:* n/a

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BROOKLYN NY 11232

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SDNY
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